

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96774 (6)
1. Corporation Name
LOVCO, INC.



Principal Place of Business
**% ROBERT R. KREIS
1010 EAST ADAMS STREET
JACKSONVILLE FL 32202**

Mailing Address
**% ROBERT R. KREIS
1010 EAST ADAMS STREET
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified
04/18/1984

3a. Date of Last Report
04/26/1995

4. FEI Number
59-2398685

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.
1600 Independent Square

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.
1600 Independent Square

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent
**KREIS, ROBERT R.
1010 EAST ADAMS STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
1600 Independent Square

83.

84. City

85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|------|-------------------|---|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| | DV | LOVETT, LAUREN D. | 1010 E. ADAMS STREET JACKSONVILLE FL | |
| | VPD | LOVETT, PHILIP H. | 1010 E. ADAMS STREET JACKSONVILLE FL | |
| | PD | LOEB, K L | 1010 E. ADAMS STREET JACKSONVILLE FL | |
| | VD | LOVETT, W.R. II | 1010 E. ADAMS STREET JACKSONVILLE FL | |
| | T | WILLIAMS, L.D. | 1010 E. ADAMS STREET JACKSONVILLE FL | |
| | S | KREIS, R.R. | 1010 E. ADAMS STREET JACKSONVILLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------|---------|-------------------------|----------------|--|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 1600 Independent Square | 32202 | |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 1600 Independent Square | 32202 | |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 1600 Independent Square | 32202 | |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 1600 Independent Square | 32202 | |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 1600 Independent Square | 32202 | |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 1600 Independent Square | 32202 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L.D. Williams* Vice Pres./ Tres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 904-654-8808
DATE TIME

CF2E034 (12/95)